

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010785
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1819

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

60 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

6611 East 99th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Elizabeth

Middle

Boone

Last

4. DATE OF DEATH

Month

4

Day

1

Year

1962

5. SEX

female

6. COLOR OR RACE

CACH.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-3-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PBX operator

10b. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John H. Stentermann

13b. MOTHER'S MAIDEN NAME

Jennie Pullen

14. NAME OF HUSBAND OR WIFE

Henry M. Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No (If yes, give war or dates of service None)

17. INFORMANT

3 H.M. Boone 6611 E. 99th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/1/62 to 4/1/62 and last saw her alive on 3/31/62
Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin P. Hunter M.D.

22b. ADDRESS

1408 Waldheim Bldg

22c. DATE SIGNED

4/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

23d. LOCATION (City, town, or county)

Independence

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Muehlebach 6800

25. DATE RECD. BY LOCAL REG.

4-2-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Martin P. Hunter

Dr Martin Hunter
Waldheim Bldg

VI 2-6708

1:20-5 P.M.

6th 11th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny C. Kerns, Student Embalmer No. 647
working under my personal supervision.

Student

Danny C. Kerns
Signature of Student Embalmer

Signed

G. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.